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Dysentery

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Thomas Old

admitted March 14th 1821.

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A Dissertation on Dysentery.

Amidst the many subjects offered the candidate, upon which to display his abilities or explain his views; there is not one on which we feel ourselves capable either of advancing new ideas, or satisfactorily and usefully discussing those which now obtain the ascendancy. Shall we succeed in attaining useful mediocrity, we shall be better pleased than by the collision of opposition, to elicit the applause of some, whilst we deservedly recieve the contempt of others for our heedless temerity. We could perhaps advance wild unsupported theories, but no ingenuity of defence ought to save them from merited disapprobation. In medicine we want truth not sophistry tho' dressed never so bewitchingly, and every honest man will contribute his best endeavours for the support of the former and the abolition of the latter in all our disputations and contests, whatever they may be. To propose theories, or to pretend to originality, would argue a profundity of research, which tho' we would aspire to, to fancy ourselves possessed of, would be presumption in the highest degree unpardonable.

Without any farther prefatory remarks, we will now observe that we have chosen Dysentery as the subject of our essay. In this selection, we have been influenced by the frequent occurrence of the disease

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and its occasional great mortality, rather than with the hope of saying much new, or greatly adding to our stock of knowledge on this subject. Shall we succeed in giving a clear and succinct view of what we deem a correct theory of this disease, and of that treatment which we think best adapted to its cure, we shall esteem ourselves peculiarly fortunate. Should we fail in our attempt, we trust that the insuperable difficulties which a young man, unaided by practical experience labours under in composition, will stand as a sufficient excuse for the many errors we may be guilty of. Our objects will be in the following pages so far as we are able, to give the causes and treatment of Dysentery, together with the modus operandi of the remedies employed in its removal, and their connexion with each other. We are conscious of the magnitude of our undertaking, but where our opinions are unsupported by sound and legitimate argument, we wish them to hold only that rank which all vague suppositions are entitled to. We are fully aware that had we time and opportunities to have consulted the many good works which we possess on this disease, we might have added much to the length of the following treatise and perhaps not a little to its merit; but from these we were precluded and we trust that shall we succeed in attaining

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Dysentery is defined by Cullen,

"Pyrexia contagiosa; dejectiones frequentes, mucosæ vel sanguinolenta, retentis plerumque facibus alvinis; tormina; tenesmus."

This definition we find conveying a more correct idea of the disease than any we have seen, yet it is not unexceptionable. The contagiousness of Dysentery has been admitted on all sides from time immemorial until within a few years past, and even now with some few exceptions constitutes the prevailing doctrine on the Continent of Europe. By whom it was first denied we are unable certainly to say, tho' Dr. Hartly is the only European author with whom we have met, who advocates a contrary opinion. He says, that Dysentery neither in its simple, intermittent, or Remittent form is contagious: that it is only so when combined with Typhus and here he ascribes it not to the virus specific to Dysentery, but to the contagion of Fever. Dr. Chapman we believe to have been the first American physician who advanced a similar doctrine.

Were we to attempt to explain why Dysentery with so many other diseases of a like character have been ranked under the head of contagion, we should be lead into a disquisition infinitely too lengthy for the present paper: We will merely observe, that it appears to us

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to have arisen from Physicians not having sufficiently discriminated between Contagious, Atmospheric and Endemic diseases; — it having hitherto been enough to establish the contagion of a disease, to ascertain its universal prevalence in particular neighbourhoods, districts or towns; wholly neglecting further to investigate its remote cause. By this mode of fixing the character of a disease, not one belonging to either of the above classes, but would be found to possess all the qualities necessary to constitute contagion. We having ascertained that there really exist such diseases as Contagious, Atmospheric and Endemic, is all that is requisite to convince us, that it was very possible and probable from one property possessed in common by all, to range any disease having that property under the head of contagion. This equally shows us the necessity of more precisely ascertaining and defining the boundaries between each of these classes of diseases. A work on this plan would contribute much to medical Science. We confess ourselves incompetent to the task, would our limits allow it; but we will venture to give a definition of each of them, which is all that our present purposes require.

1st. <u>Of Contagion</u>. By a contagious disease we understand one which (under particular laws) may be propagated independent of all extraneous causes, in any situation and under any circumstances, it being only

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necessary that the person to be infected be brought within a definite distance of the sick, still keeping it in view that this as every other general rule is subject to exceptions and anomalies; at the same time wholly denying to all diseases not possessed of these properties the character of contagion.

2nd Atmospheric Diseases. We would under this head rank all those diseases, which are produced by the insensible qualities of the atmosphere, denying the influence of its relative heat, moisture, density or rarity in their generation, and at the same time admitting that these may occasionally serve exciting causes. By the insensible qualities of the atmosphere we would mean the existence of some fluid or miasma, "sui generis" in the air whose properties are not cognizable to the senses, and experience has shown that these may be various, as the diseases thus produced are numerous. Of this class our late Winter disease, the Pneumonia Typhodes is a prominent example.

We will now pass to our third Class of Endemic Diseases, which have been the chief cause of our noticing the two preceding ones. Endemic diseases are those which attack many persons at the same time, and are excited by the sensible qualities of the atmosphere, as its heat, moisture, &c. &c. and any other cause of extensive prevalence, or to which many people are at the

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same time or in succession exposed, being no doubt also affected in their progress by the situation of the person placed under the influence of their remote causes; which differences of situation and other circumstances may prove the chief exciting causes. Thus much we have said, and now we will dismiss the subject only remarking that under this latter class we would place Dysentery, whose affinities to it are obvious and striking. We well know that Dysentery frequently occurs sporadically, but whenever it assumes its worst forms, it is always as an Epidemic; and still tho' we cannot with propriety, according to the accepted definition annexed to the term Endemic, class Dysentery under this head, yet this would be perfectly consonant to the meaning which we have affixed it, and which we flatter ourselves is altogether unobjectionable; a disease in our opinion arising from causes (to which all are subject tho' not all affected by) with the exception of our first and second classes, may with much propriety be thus ranked.

Dysentery has been divided by nosologists into many different species chiefly founded upon the preponderance of some one symptom, or the absence of another, as the appearance of mucous instead of bloody stools, when combined with Intermittent Fever, &c. &c. Such divisions serve only to mark the different stages of the disease, or its mildness or severity, and being wholly unnecessary to practical precision will be altogether

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Symptoms. An attack of Dysentery is often preceded by alternate chills, flushings, and the other symptoms of Fever, tho' more generally the local affection first appears.

Now and then the primary symptoms are much more severe than have been mentioned; the patient being affected with rigors, nausea and vomiting, which may even, (tho' more rarely) proceed to the ejection of stercoraceous matter, the tormina and tenesmus being from the first intense, tho' they may be several days gradually progressing to that degree.

It sometimes comes on with a Diarrhea, the griping and frequency of the stools gradually increasing until it becomes a confirmed Dysentery.

Diarrhea is said to produce Dysentery by the repeated acid discharges washing off the natural mucus of the parts, which thence become irritated and ultimately from erosion or laxity eject blood

The pain in this disease is generally of the griping kind, tho' it may be various, as Cleghorn and others describe it as occasionally resembling stitches, pleuritic pains, &c. &c. shooting into different parts of the abdomen and thorax.

The Fever in this disease is usually a Synocha and when it is a Typhus, it is to be regarded rather as a combination with Dysentery,

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or as produced by a protraction of the disease, than as an essential symptom. In very mild cases the fever is slight or wholly absent, here the disease usually subsides in a few days.

Very often the fever is of the Intermittent or Remittent type, or it may be combined with Intermittent Fever, and if the remission is distinct and the local affection moderate, we may conclude upon a manageable disease.

With respect to the stools, they are of various appearance, being sometimes only streaked with blood, or consisting of a little mucus mixed with blood, and then again pure blood being voided even from the commencement. The stools sometimes consist entirely of mucus, all appearance of blood being absent. This has been termed by authors the morbus mucosus or Dysenteria Alba.

In Dysentery the natural faces are generally retained, and when they do appear, it is in the form of hard compact substances which are called scybala, an evacuation of which, whether produced by nature or medicine is always attended with a remission of all the symptoms.

When the lower part of the intestinal tube is affected, the pain is more the griping kind, particularly when situated in the rectum the tormina and tenesmus are so excessive as sometimes to produce a Prolapsus Ani which is always a troublesome symptom.

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The nearer the stomach the pain is felt and the more it approaches the sickly kind, the disease is supposed to be situated higher up in the small intestines.

Practical writers have by these means, and the appearance of the stools, endeavoured to discover the seat of the disease, placing it higher up when the blood is more intimately mixed with the fæces and vice a versa; tho' from the sympathy existing between all the parts of the alimentary canal and the smaller intestines constantly changing their place, we are disposed to put but little confidence in the seat of the pain as indicating the seat of the disease; but when combined with the others which we think are founded in reason, it may assist us in forming an opinion.

The stools sometimes are of a dark, grumous appearance and have an excessive fœtor; again they have little or no smell; the former symptoms either portend approaching gangrene or show it actually to have taken place; the latter when attended with a corresponding mildness of the other symptoms afford a good prognosis.

Authors have been in the habit of mentioning the appearance of the internal coat of the intestines abraded in the stools; but Zimmerman declares it to be nothing but inspissated mucus poured out from an inflamed surface.

The appearance of pus among the stools has by some been considered as a

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proof of ulceration of the intestines having taken place, but the fallacy of this is now well known, it having been ascertained that pus may be secreted and poured from the surfaces of mucous membranes without any erosion whatever. The earlier physicians speak of substances voided by stool called Carunculæ and which they considered as pieces of the muscular coat of the intestines. That opinion is probably correct as subsequent experience has ascertained the uniform danger attendant on such cases.

Others describe substances denominated Corpora pinguia, the appearance of which they conceived denoted an affection of the lower part of the Alimentary Canal. There have been many vague suppositions as to their formation and structure, yet we cannot possibly conjecture them to be any thing else than the faces changed by retention. Some have thought the Carunculæ and Corpora pinguia the same but their comparative mortality well establish a distinction.

The various substances evacuated by stool are often thrown up by vomiting. The matter thrown up by vomiting is generally more or less bilious, but what connection this has with the disease we are unable to say, most probably it is merely the effect of the repetition of that process and the particular season and climate in which the disease occurs.

The various symptoms of a disordered state of the Alimentary Canal often precede and accompany the disease.

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Aphtha sometimes occur, and when they do, are to be considered rather as dependent upon the state of the general system, than as having any particular connexion with the disease.

Many other eruptions are said to be a frequent attendant on this disease particularly the Miliary, and they are supposed to depend upon the sympathy existing between the surface and alimentary canal. We should on this ground be lead to judge them, (when not occurring in a debilitated state of the system or as a consequence of it), as a favorable symptom.

Hiccup sometimes early occurs when the higher parts of the intestines are affected, and this is not alarming, which is always the case in the latter stages.

A painful strangury sometimes attends this disease, which has been ascribed to the sympathy between the rectum and neck of the bladder; but which Mosely with more probability we think, supposes always to be produced by the improper use of Opium. This does not preclude the explanation by the operation of any sympathy which may exist between these parts, but on the other hand, the tremendous griping and pain which accompany the evacuations that succeed the liberal use of opium, would call it into action were it even so slight.

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Debility is said to predominate in this disease, but we believe we shall find it, (taking into view the depression which inflammations of these parts always produce, and excepting the Typhus States) either proportioned to the previous excitement or the loss by evacuations.

Dysentery sometimes terminates as it comes on with Diarrhea; at other times the frequency of the stools and griping gradually abating, the disease totally ceases.

These are the most usual terminations in health, but when it ends in death, it may be either in a few days by excessive evacuations, or a fatal debility may be produced by a more protracted yet severe state of the symptoms. It also often ends fatally by a lienteric purging which succeeds the Dysentery, tho' this is not uniformly a mortal symptom.

Sometimes the disease leaves behind it troublesome affections of the stomach, as Dyspepsia, Flatulence &c. &c.

Dysentery when it ends fatally is often in a few days, but more generally death is produced by the gradual exhaustion of the vital powers. When it terminates in health, the most usual period of duration is from ten to fourteen or twenty days.

Sometimes it becomes chronic, lasting months, years, and even perhaps the patients unhappy life; this form is of very difficult cure.

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Diagnosis. The only disease with which Dysentery is liable to be confounded, is Diarrhea, and notwithstanding the several distinctive marks which have laid down to enable us to distinguish the one from the other, we are humbly of opinion that this object may be better attained by the consideration of the proportional severity of all the symptoms, which are essential to these two diseases, and possessed occasionally in common by them, than by attending to any one which may be supposed peculiar to either.

Prognosis. When there is no fever the disease is mild and when it is slight, or of the Remittent form, it affords a favorable prognosis. When it is in the commencement very severe, as it is followed by a proportional degree of debility, it marks a dangerous disease; tho' not so much so as when the debility is one of the primary symptoms. When it is of the Typhoid type there is danger at whatever period it may occur.

The softness and moisture of the skin, the appetite still remaining good, and a moderate state of the other symptoms are among our best prognostics.

The relative degree of the tormina and tenesmus and the appearance of the stools, afford our best means of ascertaining the probable termination of the disease.

The tormina and tenesmus being frequent and the faces being voided with much pain and in small quantities are unfavorable. On the contrary altho' the pain

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may be severe, yet if there are copious evacuations of the natural faces attended with a temporary remission, we have little to dread.

When pure blood is excreted from the commencement in large quantities, there is much danger, the patient being often carried off in a few days.

The presence of gangrene is denoted by dark, fœtid stools, a tense abdomen being sore to the touch, &c. &c.

Upon the whole it would be improper and altogether impossible for a practitioner to form his prognosis from the severity or mildness of any one symptom; but he should do it only from the consideration of them all conjointly taken.

The practice of prognostics, is we think alone serviceable, so far as it enables us to ascertain the danger of the disease, and admonishes us to employ corresponding active remedies for its removal.

Morbid Appearances after Death. We always find marks of active inflammation having existed in the intestines previous to death.

Sometimes there are ulcerations, erosions and sphacelated spots throughout the intestinal canal even to the stomach.

We often meet with portions of a dark colour in a gangrenous state; again we find the coats thickened and soft; the latter are the effects either of inflammation, or putrefaction, or perhaps both.

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the Colon; but their non-appearance upon dissection is no proof that they did not subsist before death, for as Hippocrates observes "Mors spasmos solvit," all slight constrictions, all minor inflammations are thus dissipated. Constrictions shew the muscular as well as the internal coat to have been inflamed, and this together with the inflammation being most usually in the large intestines, appear to be the principal differences between this disease and Enteritis, in which as we imagine the Villous Coat alone is primarily affected.

We sometimes find the inflammation extending to all the coats of the intestines; their being adhesions between their convolutions, gangrenous spots between their external surfaces, abscesses between their coats &c. &c.

Sphacelus, inflammation, or abscess are occasionally found in the neighbouring viscera, as the Stomach, Liver, Spleen, Pancreas, &c. &c.

Small, flat, black tubercles resembling the confluent Small Pox, are mentioned as having been found on the internal coats of the intestines; but they have rarely been described, tho' some think this arose from the inattention of dissectors. The Mesentery after death is often loaded with fat, tho' sometimes it is excessively wasted, containing abscesses, tubercles &c. &c.

The Intestines are often enormously enlarged, the consequence of previous distention with air.

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From the few cases that have been mentioned where the thoracic viscera have been diseased, we conclude this to have rarely been found the case, and where they were it was as we imagine not as an effect of this disease, but merely an accidental concomitant, having previously existed.

Causes. In detailing the Causes of Dysentery we shall divide them only into the two heads of proximate and remote; believing the remote predisponent and exciting to be with difficulty seperated, and when they do operate they being the same as those of febrile diseases generally. As Dysentery is a disease of warm climates and chiefly occurs in the season supervening the one of the greatest warmth in those climates, we in general terms ascribe its origin, to circumstances tending to suppress the the perspiration, acting on the system when it is most liable to be affected by those causes. By Dr. Mosely this disease is supposed always to be produced by obstructed perspiration when it prevails epidemically; at the same time granting that it may be occasionally caused by the operation of accidental stimuli in the bowels, and as his theory does not inculcate a practice materially different from that which we should deduce from a knowledge of the proximate cause alone, we think its admission unattended by those bad consequences, which hastly adopted theories from the hands of the inexperienced often produce. In our attempts to discover the causes of diseases we can only be directed by the experience of others, the mode of cure, and the consideration of the symptoms as they occur in different stages

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of the disease, assisted by a discrimination between those produced by the causes of the disease itself, and those coming from association or sympathy, which may properly enough be said to arise from the primary diseased action thus propagating itself. In this disease, we find all practitioners enumerating among its causes, those states of the weather and seasons of the year, which are most favorable to the production of such an effect. This theory also enables us on rational grounds, to account for the Modus Operandi of the remedies which are so universally recommended for its removal; which affords an additional argument in support of its validity. In the first and even in more advanced stages, when not contraindicated by debility, Emetics are by all strenuously advised; and experience confirms the utility of the practice without practitioners having thence formed any deduction as to their mode of action. Mosely's theory would unhesitatingly ascribe their influence to their relaxing effects, and we have here as much proof of its truth, as we can have of any other of the same nature. With respect to Vs. and purgatives, their operation may be thus equally well explained as that of Emetics, they being both auxillary to the diaphoretic plan. Diaphoretics tho' not with the view to their sudorific effects, have been long used in the cure of this disease; and Mosely solely confides in their use, aided by the not less powerful auxillaries Vs. and cathartics.

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deduce those facts relative to the causes of a disease from the symptoms, which a superficial view of the subject would lead us to surmise. Another difficulty which opposes itself to our advancement in the developement of the connection between the causes and the symptoms of diseases, is, as for instance in the case of Dysentery, assuming obstructed perspiration as its cause, the fact that this is also the source of many other diseases; hence we must suppose that there is some conjunct cause, associated with obstructed perspiration determining the diseased action to the bowels in preference to any other part. As long as we remain ignorant of those conjunct causes, whose influence exists in so many diseases, we must probably so long remain unacquainted with their remote causes.

Mosely with Sydenham supposes Dysentery to be merely the Fever of the season thrown on the bowels, the former still contending that the remote cause is always obstructed perspiration. Mosely states in confirmation of his opinion, that he had observed the exacerbations of the disease regularly to correspond with those of the Fevers at that time prevalent. Whether this affords any solution of the difficulty abovementioned, we cannot say. In the present case then, as in many others, for the reasons already stated, we are compelled to acknowledge our inability from the symptoms of a disease to ascertain its remote cause; yet this were our knowledge perfect, should afford one of our most abundant-

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There are also other causes of Dysentery besides obstructed perspiration, as bad diet, improper articles of food, bad water, &c. &c. whose operation is not so extensive, as the one we have been considering. Having in another place spoken of contagion, and avowed our total disbelief in the existence of this as a cause of Dysentery, it is here unnecessary to mention the various means by which authors have thus imagined it to be propagated.

We shall now make some remarks on the Proximate Cause of Dysentery, perhaps rather prematurely, as they may be thought to come in better after we have laid down our plan of treatment; but it is needless to be over fastidious, tho' we may have to anticipate some things which will be hereafter mentioned in the proper place. By the proximate cause of a disease, we understand the "ipse morbus" the diseased action itself. Here we shall be assisted in our inquiries, by particularly attending to the symptoms, method of cure and the morbid appearances after death, for reasons already given neglecting the remote cause. By Cullen and others, the proximate cause is judged to be a constriction of some part of the alimentary canal, most usually the Colon, and that inflammation supervenes upon it. By others, the constriction is said to be a consequence of inflammation. In both cases the primary symptoms of pain and retention of the natural faces may appear, but where there is violent tormina and tenesmus, which often is the

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case even in the first stages, there can be no doubt as to the existence of an irritability which most unequivocally denotes the presence of inflammation. From the frequent and early appearance of these symptoms, and because the latter supposition best agrees with the remote cause which we have adopted, we are inclined to range ourselves among its advocates. A view of the treatment which has been found most successful tends to corroborate, and goes far to establish its truth. By Cullen's hypothesis, we should be lead in the commencement, perhaps after premising V.S. or even without it, to have recourse to the early and prompt exhibition of Opiates and Antispasmodics: from the theory of inflammation produced by suppressed perspiration, Emetics, V.S., and Cathartics, are the only remedies to which we can trust. Experience has tested the utility of the latter remedies, and the inefficiency and manifestly injurious effects of the former. The appearances on dissection, always show inflammation to have existed previous to death, sometimes constrictions, tho' the existence of either one or both, does not lead us to ascertain which was the primary symptom; yet we think as any inferences drawn from the morbid appearances are equivocal, the arguments deduced from the only other means we possess of discovering the proximate cause of a disease, are abundantly sufficient to establish our theory.

Our Pathology of this disease, is then thus; Dysentery when Epidemic strictly speaking, is the Fever of the season thrown on the bowels by obstructed perspiration,

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which produces an inflammation of the intestines, whence originate constrictions and from these two diseased actions all the symptoms observed take their rise.

And now having gone thus far, this may not be an unappropriate place to make some apology for the imperfect manner, in which we have elucidated our views of the theory of this disease, and to give some explanation of the standing, which we think them entitled to hold. Unaided by the experience of mature years, we must when we have deviated from the beaten track, have entered a path of theory directed alone by reason and argument; and when they shall appear to have deserted us, we wish the propositions thus unsupported to be rather viewed in the light of hints and queries, which may serve to assist the labours of the more profound, than as assertions risqued upon our own responsibility.

Treatment. Conformably to that theory we have laid down, we shall proceed to the consideration of that treatment of this disease, which we think best suited to the removal of the remote cause and invigorating the natural healthy action of the parts, after the eradication of the diseased one. In all diseases, the object of our remedies must be either the removal of the remote causes when they are evident; or by the inferences deduced from an acquaintance with them, our endeavours must be directed to the subduing the

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proximate cause, which amounts to nearly the same. Again, in other cases from the inefficiency of our means, we are compelled to substitute another more powerful diseased action in place of the existing one, and thus we are often successful in the cure of diseases. This latter method is only to be adopted, where from the impotence of our art, or the imperfection of our knowledge, we have to confess the inadequacy of our remedies to the removal of the disease upon just and rational principles. It is manifestly unnatural, and but an excuse for our ignorance. In other cases where the mode of cure dictated by nature, is dangerous to be pursued, where even when nature succeeds to the restoration of health, but leaves the system so debilitated from the previous effects as exposes the patient to fall its victim; we must here substitute another and a safer one in its place.

In Dysentery we think the remote cause sufficiently manifest to form an indication upon; at the same time paying a proper attention to the proximate cause, so far as we can trace their connexion. Our indications are therefore to restore the natural healthy action of the capillaries, and to give them tone. Some of the remedies which we shall use for this purpose, are not directly adapted to the fulfilment of these indications, but are rather to be regarded as essential subsidiaries.

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to resort to Emetics, with the view of cleansing the Stomach, and by the antiperistaltic motion thus excited, to check the action downwards. By Mosely they were used with the intentions of evacuating superabundant bile, which from the season and climate was a frequent concomitant; and chiefly for the purpose of causing a revulsion to the surface, and thus at once destroying the disease. By him his Vitriolic Solution was greatly prefered; by others, Specacuanha and Tartar Emetic were used. We are disposed to think that Emetics were more admissable in the climate in which Dr. Mosely practiced, than they would be found in the United States, from the disease being there oftener accompanied with bilious diseases. Mosely even goes so far as to advise their repetition, should not the first make a favorable impression on the surface. Dr. Chapman thinks Emetics least suited to Dysentery of all the bowel affections; but still he concedes that they are not only necessary but indispensable in cases combined with Intermittent Fever, or with a loaded and oppressed stomach, which is often the case in warm climates; with the Professor we here entirely coincide. Our greatest objection to the habitual use of Emetics, is that they interfere too much with the more useful remedies cathartics, of which we shall come presently to speak.

In the commencement of the disease, and prior to the use of all other remedies, we must resort to V.S. and proportion the quantity to the degree of excitement

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and local inflammation present. This is not only to lessen action, but to prepare the system for the more effectual operation of diaphoretics. By all, the propriety of V.S. in certain cases has been admitted, but in our opinion, practitioners generally have been much too sparing of this remedy, in consequence of their dread of the succeeding debility, which as we believe, will not be so readily produced by the prompt and active use of V.S., thus at a blow rooting out the disease, as by tampering with remedies in themselves inefficient or rendered so by the inflammatory state of the system. It is an indispensable auxiliary to the diaphoretic plan. In more advanced stages we should not be deterred from its use, should the excitement or local symptoms require it; only regulating the quantity by the state of the system as well as of the local affection. Often after the moderate detraction of blood, the disease will yield to those remedies which before had been ineffectually used.

We will next speak of Cathartics which are of primary importance in this disease. We have already observed that our greatest objection to Emetics was that they too much interfered with the more necessary remedies cathartics. We well know that we cannot obtain a solution of the disease while the bowels are constipated; and we cannot think the practice of giving Emetics and trusting to Antimonials and Ipecacuanha

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for this evacuation will answer so well, as the vigorous use of the most active Cathartics at once. Our practice then is after premising V.S. which in most cases will be necessary, to exhibit a large dose of some active cathartic, so as to produce a complete evacuation of the intestines; thus greatly facilitating the operations of the other remedies we may recur to, and which are more particularly adapted to the fulfilment of our indications. Were we in the commencement without the previous use of other remedies, attempt to produce a revulsion to the surface, we should not only be disappointed in our expectations of cure; but in most cases the disease would most assuredly be greatly exasperated by this impendent course. No doubt mild cases do occur where in the commencement, diaphoretics would succeed, but as our discrimination does not always enable us to distinguish them with sufficient accuracy; it will be much the safer and more efficient practice to pursue the course we have advised.

For the purpose of emptying the bowels, a variety of articles have been recommended, but we should be induced to prefer the more active as more ~~active as more~~ promptly fulfiling our objects, for here we have no time for delay. The excitement is to be moderated, the bowels emptied, and a revulsion to the surface produced, as speedily as our means will allow. For these reasons we should always choose Calomel in large doses, assisted by

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by Castor Oil. Perhaps where a repetition of the Purgative is necessary, Oil, combinations of Salts, Senna and Manna, which have been much recommended will answer, but we are somewhat prejudiced in favour of Calomel were here.

After having advanced thus far in the treatment of Dysentery, we would next resort to such Diaphoretics, as fulfill the double indication of opening the bowels and determining to the surface. For this purpose Ipecacuanha in nauseating doses is much recommended and appears eminently adapted to attain these objects. By others the preparations of Antimony are used with the same view, but from the concurrent testimony in favor of Ipecacuanha by many practitioners, and particularly from that of our very able Professor Dr. Chapman; we are disposed to give it the decided preference. Dr. Mosely speaks in the highest terms of James' Powder as well suited to the evacuation of the bowels, and producing diaphoresis. We are inclined to think that could we procure it pure, it would answer very well.

It is probable that immediately after the operation of the Purgative, Dover's Powder or some other active diaphoretic, as Antimonial Wine combined with Laudanum, might go far towards the removal of the disease. It is to be recollected that by the addition of Laudanum to Diaphoretics, we are enabled to increase the dose, without the inconvenience of exciting nausea. Another fact worth attending to, is that during a perspiration, opium may be

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be used in much larger quantities with perfect safety than at other times. Opium is also useful to procure sleep and allay pain in more advanced stages of the disease, when all danger as to its stimulating effects are removed. We cannot give a more luminous and comprehensive view of the use of Opium in this disease than by quoting the following from Mosely: "The real use of Opium is to arrest the hurry of the disease; to procure time to put some rational method of cure into operation; to take off the irritating property of other medicines, and to give them their intended effect and to ease those tormina which are sometimes intolerable. Here the matchless power of Opium raises our admiration".

The plan of treatment we have laid down is such, as we shall most usually have to pursue; but in some cases the violence of the symptoms is such, that we have in the beginning to attack the disease with Opiates and astringents to arrest its progress and afford time for the exhibition of other remedies.

Having attained the objects of reducing excitement, completely evacuating the bowels, and producing a revulsion to the surface, 'tis rational to imagine that the removal of the remote cause would be attended by a consequent solution of the disease; but this is not always the case, and we are compelled to the use of other remedies, which are to be varied according to

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the state of the symptoms, the period of the disease, and other circumstances which should influence our prescriptions. It should however be recollected, that the bowels must be strictly attended to in every stage. When we have reason to suspect the disease to be kept up by habit, or it approaches the form of Diarrhea, we may with safety and advantage resort to the cautious exhibition of Opiates and astringents. Dover's Powder, Kino, Logwood, Cascarilla, and other astringents and Tonics of a like character are those we should; tho' in certain cases absorbents might not only be useful but indispensable.

Chronic State. Here we shall derive most benefit from invigorating remedies, a strict attention to diet, and a change of the climate and past habits of the patient. The exercise of gestation is here eminently serviceable. By some, Mercury has been highly extolled: it has certainly done good in many cases, and where we are foiled in our attempts to effect a cure by the ordinary methods we are justifiable in recurring to its use, any particular symptoms not contra-indicating it. It must be gently introduced into the system, the patient being supported during the salivation by the diffusible stimuli.

Typhus State. Here it may be either originally a combination with Typhus, or this fever may supervene upon it as in other diseases. The practice is materially different in these two cases. In the first as in Idiopathic Typhus we

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have in the commencement to exhibit Emetics. After we have by Emetics made a strong impression on the System, and by Cathartics completely evacuated the primæ viæ, we must recur to Tonics and Stimulants as in Typhus Fever. We cannot help thinking, but that in this State, there is greater room for Purgatives and Diaphoretics, than in Idiopathic Typhus. The treatment however will be governed by the consideration of that of the two diseases, and the state of the Symptoms and System.

In the second State when Typhus supervenes upon Dysentery, we must instantly recur to Mercury, gradually insinuating it into the System. The strength must be upheld by the diffusible Stimuli. In many cases it may be advantageous to combine Nitric Acid with it; and when the Mercury is inadmissible, Nitric Acid may be substituted. By some, combinations of equal parts of Opium and Nitric Acid have been highly recommended. We are disposed to think favorably of the medicine in those cases when from weakness or other causes Mercury cannot be used.

When Dysentery is combined with Intermittent Fever, it has been the practice of many, particularly Cleghorn to seize the earliest opportunities for the exhibition of the Bark; and even when there was only slight remissions of the Fever, he declares himself to have recieved much benefit from its use; effecting a cure of those cases which had remained intractable under any other mode of

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Dr. Chapman says he is in the habit first of curing the local disease by the usual remedies, and then attacking the fever with the Bark, which practice he has found much more successful than that of Cleghorn.

Having now noticed the different forms of Dysentery, and explained the method of treatment which we think best adapted to each, it only now remains for us, here to make some observations on a few particular remedies and the regimen, which we judged to be the most suitable place for them.

We will begin with Blisters and other topical applications to the abdomen. After the excitement had been somewhat reduced and the primæ viæ emptied, should the pain continue severe, and there appear symptoms of inflammation, particularly when in the small intestines or the Colon, we would suppose the application of a Blister as near as possible the part affected, would prove of much service. They are also advantageous from their action on the Skin. In other cases where there is any doubt, as to the propriety of Blisters, fomentations, Poultices of warm mush to the abdomen, &c. are grateful applications and would certainly prove useful in alleviating pain, and in such cases may be resorted to as a part of our palliative treatment. In the more advanced stages, or even earlier where we want a stimulant effect, we may use Opium, Spts. Turpentine, Warm Bath &c. Their chief utility would be in aiding our other means of producing perspiration. We are not disposed

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to place great confidence in the warm Bath, or other external means of exciting diaphoresis farther than as auxiliaries. Used with this view they may in certain cases prove serviceable.

Clysters. Clysters are a remedy of much efficacy in every stage of the disease where the symptoms would seem to require them. Their use, is to allay pain and irritation, to lessen the tormina and tenesmus, and to procure ease in the evacuation of the fæces. They are never to be used with the view of superseding Cathartics, nor should they ever be composed of saline or any other irritating materials. Injections of fresh butter, lard, mucilaginous and oily substances that are perfectly bland, are such as we should always prefer.

Flannel Roller. Introduced by Dewar, tho' previously used by Dr. Chapman in his private practice with the same views as those with which they were by him recommended. Dewar's praises of the remedy are unqualified in the extreme, in Dysentery and Diarrhea. He extends the use of the remedy to every stage of these diseases, but Dr. Chapman confines them to the chronic states, when we think them certainly most entitled to credit. Their effects are to give support and tone to the intestines, to protect from cold, and to aid respiration. When applied early in the disease, it should not be so tight as in more advanced stages. In the chronic state it may be applied as close as possible, without impeding respiration. In the first, we expect to

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to derive benefit from its warmth, in the latter from supporting the abdomen and giving tone to the intestines. It should completely cover the abdomen. We should in all cases be careful not to affect the respiration by it. We are disposed to think it in some cases a useful auxiliary, particularly in the chronic state of Dysentery and Diarrhea. In our opinion best suited to Diarrhea.

Regimen. The diet in this disease must be mild and digestible. The farinaceous articles are generally preferred. Demulcents are of great use both as articles of food and of medicine. The juice of the Slippery Elm, solutions of Gum arabic, Tapioca, Arrow Root, Sago, Barly water, &c. are those generally used, and by many they are thought to constitute no inconsiderable part of the treatment. In more advanced stages when we have to fear the approach of a dangerous debility, Chicken Broth and other articles of more nutritious yet digestible properties are to be used. It may perhaps be properly enough mentioned here that the patient should always in acute Dysentery be confined to a recumbent posture. This often greatly assists in the cure, and neglecting it the disease has often proved obstinate under the use of the usual remedies.

It might perhaps be expected that we should have given our views as to the use of wine, Bark and Mercury of which so much has been said by authors and concerning which, there appears to exist such a diversity of opinions.

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Of Mercury we have already said enough. Of Wine and Bark, we will merely observe, they are never to be given in the inflammatory state of the system. On this subject we conceive it unnecessary to say more, as a reference to the treatment of Typhus Fever, will fully explain our views of the uses of these medicines in this disease. We will only further remark, that the great rule to direct us, and by which being governed we can rarely err, is strictly and carefully to attend to the state of the system.

According to our promise we would here enter into the consideration of the modus operandi of the preceding remedies, had we not so fully given our ideas on this subject in another place, as to leave nothing we could say, unsaid.

We have now brought this paper to a close. Much more might and ought to have been said, to have made it a perfect treatise, to have faithfully exhibited the theories and practice of the ancients and moderns, but from a production of this kind that could neither be expected or required. We have already exceeded the bounds which we assigned ourselves, and perhaps unnecessarily multiplied our remarks. Shall we have succeeded in giving a clear and lucid exposition of our opinions of the theory and treatment of this disease, we shall not only be satisfied, but will deem such a verdict from the distinguished gentlemen to whose examination this will be exposed, as the greatest and most flattering mark of our success, which can possibly be conferred upon us.

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We are conscious that on some parts we have been obscure, on others perhaps needlessly verbose; in other places our observations are unattended by those explanations which ought to have accompanied them. Our only excuse for these imperfections is the hurry in which we have written. Could we have devoted more time to this purpose, we flatter ourselves we might have rendered it much more perfect, by making free use of the works of others, but we have always thought that the task thus imposed on us, was for the purpose of soliciting the expression of our own sentiments, rather than those of others. Let it not be understood from this that we make any pretensions to originality. Far be such vain attempts from us, but we mean that an accurate account of any disease, from the writer in his own language, would as we imagine be considered as the surest criterion of his acquaintance with that disease. On the other hand we confess ourselves greatly indebted to the works of several authors for the preceding Essay, but chiefly to the Lectures of Dr. Chapman.

We now with diffidence and hope, submit it to the judgement of that learned body, whose approbation we shall esteem the most honorable applause we can obtain. Here we stop and whether it be consigned to infamy or oblivion, we trust it will be viewed rather as a hasty production in conformity to the laws of our celebrated University, than as an accurate test of our abilities and qualifications (tho we have no reason to boast) in Medical Science.

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